

#75

COMPLETE

**Collector:** Email Invitation 1 (Email)  
**Started:** Wednesday, October 17, 2018 12:12:52 PM  
**Last Modified:** Thursday, December 13, 2018 12:45:01 PM  
**Time Spent:** Over a month  
**First Name:** Michelle  
**Last Name:** Love  
**Email:** lovemi@acgov.org  
**Custom Data:** Alameda  
**IP Address:** 166.107.111.254

Page 2: B. Contact Information

**Q1 1.** County Name **Alameda**

**Q2 2.** Select the department you are representing. **Child Welfare  
Department**

**Q3 3.** Contact Information (Child Welfare)

Name of Contact Person **FAITH M. BATTLES**  
Department Name **CHILDREN & FAMILY SERVICES**  
Email Address **BATTLFA@ACGOV.ORG**  
Phone Number **510 780 8937**

**Q4 4.** Contact Information (Probation)

Name of Contact Person **N/A**  
Department Name **N/A**  
Email Address **N/A**  
Phone Number **N/A**

Page 3: C-1. Overall Recruitment Goals and Congregate Care Reduction Goals

<b>Q5 1.</b> Recruitment goal for non-related caregivers (Child Welfare):	Percent Increase (%)	<b>15</b>
	Number Increase (#)	<b>34</b>

<b>Q6 2.</b> Recruitment goal for non-related caregivers (Probation):	Percent Increase (%)	<b>0</b>
	Number Increase (#)	<b>0</b>

Foster Parent Recruitment, Retention and Support (FPRS) FY 2017-18 Outcomes and FY 2018-19 Allocation  
Plan Report

<b>Q7 3.</b> Recruitment goal for relative/NREFM caregivers (Child Welfare):	Percent Increase (%)	<b>40</b>
	Number Increase (#)	<b>194</b>

<b>Q8 4.</b> Recruitment goal for relative/NREFM caregivers (Probation):	Percent Increase (%)	<b>0</b>
	Number Increase (#)	<b>0</b>

Page 4: C-2. Overall Recruitment Goals and Congregate Care Reduction Goals

<b>Q9 1.</b> Recruitment goal for non-related caregivers (Child Welfare):	Percent Increase (%)	<b>15</b>
	Number Increase (#)	<b>34</b>

<b>Q10 2.</b> Recruitment goal for non-related caregivers (Probation):	Percent Increase (%)	<b>0</b>
	Number Increase (#)	<b>0</b>

<b>Q11 3.</b> Recruitment goal for relative/NREFM caregivers (Child Welfare):	Percent Increase (%)	<b>40</b>
	Number Increase (#)	<b>194</b>

<b>Q12 4.</b> Recruitment goal for relative/NREFM caregivers (Probation):	Percent Increase (%)	<b>0</b>
	Number Increase (#)	<b>0</b>

Page 5: C-3. Overall Recruitment Goals and Congregate Care Reduction Goals

<b>Q13 1.</b> How many children in {{ Q1 }} County were in congregate care on June 30, 2018 (include children placed out-of-county)?	Child Welfare	<b>0</b>
	Probation	<b>0</b>

<b>Q14 2.</b> What was the goal for reducing congregate care placements during this time (Child Welfare)?	Percent Decrease (%)	<b>20</b>
	Number Decrease (#)	<b>23</b>

<b>Q15 3.</b> What was the goal for reducing congregate care placements during this time (Probation)?	Percent Decrease (%)	<b>0</b>
	Number Decrease (#)	<b>0</b>

Page 6: C-4. Overall Recruitment Goals and Congregate Care Reduction Goals

<b>Q16 1.</b> How many children in {{ Q1 }} County do you estimate will remain in congregate care on June 30, 2019?	Child Welfare	<b>80</b>
	Probation	<b>0</b>

Page 7: D-1.1 Family Finding

**Q17 1.** Please briefly recap {{ Q1 }} County's FY 2017-18 goals for Family Finding, as outlined in your FY 2017-18 FPRRS plan. Please note if the goals evolved over the course of the year, and any significant insights gained while pursuing these goals. If {{ Q1 }} County did not have a specific goal for Family Finding in FY 2017-18, please briefly explain why a specific goal was not needed.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

Alameda County has utilized Family Finding as an option for stable placements and permanency for many years. The use of child welfare workers specializing in Family Finding working along side child welfare workers case managing dependency cases at the start of dependency has been a priority for the department and remains so today. It is our expectation that every dependency case where a relatives or fictive kin has not been identified will be referred for Family Finding efforts by specific child welfare workers. The information gained is then used in Team Decision Meetings (TDMs) to discuss possible placement options through Resource Family Approval (RFA). It is clear in our practice that even if Family Finding efforts do not result in actual placements, the connections to family and friends of the family serve to support our young people in their placements and keep them connected to previous valuable supports.

Page 8: D-1.2 Family Finding

**Q18 1.** Which specific services and supports did Family Finding activities provide? Select ALL that apply.

- Caregiver Support,
- Caregiver Training
- Family Finding Support & Staff
- Initial Placement Support,
- Normalizing Activities
- Recruitment & Outreach,
- Staff Training

**Q19 2.** Please describe in detail how Family Finding activities were implemented.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan and we did not use our FPRRS funding for Family Finding. Alameda County began using Family Finding in FY 2005-2006, and there are some activities that remain today.

**Q20 3.** Does {{ Q1 }} County have an ongoing sustainability plan for these activities? A sustainability plan can include efforts by {{ Q1 }} County or by other parties.

YES (please describe):  
It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan. We continue to have child welfare workers assigned to complete this task throughout the department and will not reassign those child welfare workers to case carrying tasks.

Page 9: D-1.2 Family Finding

<b>Q21 3a.</b> Does {{ Q1 }} County intend to fund these activities after FPRRS funding has ceased?	NO (Please describe alternate methods by which {{ Q1 }} County intends to provide the services and supports by these activities.): It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan. However, when staffing allows we will dedicate more resources to Family Finding activities in the future.
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Page 10: D-1.2 Family Finding

**Q22 4.** Please briefly summarize how {{ Q1 }} County met its goals.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

**Q23 5.** Please describe any advice or best practices for other counties that may wish to implement similar Family Finding activities.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

**Q24 6.** Please briefly summarize how {{ Q1 }} County did not meet its goals.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

**Q25 7.** For any unmet goals, tell us the barriers and/or challenges which prevented the goal from being met. Are there any lessons learned from the attempt to meet the goal which may be disseminated to other counties facing similar circumstances?

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

**Q26 8.** Please describe any noteworthy barriers to implementation, advice or best practices for other counties that may wish to implement similar Family Finding activities, not already described above.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

Page 11: D-1.3 Family Finding

**Q27 1.** If these activities affected children in care, please enter the number of children affected.

0

**Q28 2.** Please briefly state how they were affected.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

**Q29** 3. If these activities affected caregivers, please enter the number of caregivers affected.

0

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**Q30** 4. Please briefly state how they were affected.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

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**Q31** 5. Given the outcomes achieved, please describe what (if anything) {{ Q1 }} County would do differently to address its Family Finding goals, or what you intend to change going forward.

It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

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Page 12: D-1.4 Family Finding

**Q32** 1. FPRRS - State General Fund

0

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**Q33** 2. FPRRS - Federal IV-E

0

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**Q34** 3. Non-FPRRS

0

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Page 13: D-1.5 Family Finding

**Q35** 1. Will {{ Q1 }} County continue to address the unmet goals?

YES (Please provide additional information and/or any proposed new activities involved.):  
It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan.

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<b>Q36</b> 2. Does {{ Q1 }} County have any new goals related to Family Finding for FY 2018-19?	YES (Please describe these new goals in detail. Please include how your existing activities will address these new goals and, if applicable, please outline any new Family Finding activities that you are proposing to implement to address these goals.):  It should be noted Alameda County did not identify Family Finding as a goal for our FY 2017-2018 FPRRS plan. We continue to prioritize our child welfare workers diligently searching for relatives and fictive kin to connect to our children, youth and Non Minor Dependents (NMD) in placement.
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Page 14: D-2.1 Outreach

**Q37** 1. Please briefly recap {{ Q1 }} County's FY 2017-18 goals for Outreach, as outlined in your FY 2017-18 FPRRS plan. Please note if the goals evolved over the course of the year, and any significant insights gained while pursuing these goals. If {{ Q1 }} County did not have a specific goal for Outreach in FY 2017-18, please briefly explain why a specific goal was not needed.

Alameda intended to establish a vibrant and relevant mass media recruitment campaign that focuses on general (15% of budget), child specific (25% of budget) and targeted recruitment (60% of budget) methods that promote the positive aspects of fostering and adopting intended to improve public perception of fostering and adopting. With careful branding resulting from stakeholder feedback, current and projected needs, we intended to deliver a realistic message about the placement needs in Alameda County for homes for LGBTQ, CSEC, pregnant and parenting, adolescent youth with emotional and behavioral challenges, medically fragile children and NMDs. Using billboards, social media platforms and networking with local television reporters and newspaper reporters, our recruitment campaign will be sustainable throughout the year. We intended to offer community partners a timely path from inquiry, to orientation, training, licensure, to placement. Inclusion of current licensed resource parents in our recruitment efforts will be embedded in our campaign, including offering a financial incentive to licensed resource parents that refer friends that get licensed and take a placement within the first year of their initial inquiry. We also intended to include birth parents that have reunified with their children with the support of county resource parents in our campaign. A critical component to our campaign will be the use of data to monitor and track specific, measurable, attainable and time-oriented performance indicators to statistically track licensure of county resource homes for annual review that assess the success of the campaign and adjust expenditures accordingly.

Following a detailed Request for Proposal (RFP) process, the county awarded a \$300,000 to a small, local and emerging business (SLEB) from Oakland, California to deliver this robust recruitment campaign. We formally began the work in May of 2018 and our Recruitment Media Campaign Implementation Team has met at least twice a month since that time. We requested an extension to the contract to allow the contractor ample time to offer the deliverables and expect the campaign to reach the community in March and April.

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Page 15: D-2.2 Outreach

**Q38** 1. Which specific services and supports did Outreach activities provide? Select ALL that apply.

- Caregiver Support,
- Caregiver Training,
- Child Care,
- Initial Placement Support,
- Marketing,
- Placement Support Staff,
- Recruitment & Outreach,
- Respite Care,
- Staff Training,

Other (please describe):  
Alameda County has a Client Advocate on staff dedicated to supporting all of our caregivers in their care for our children, youth and NMDs.

**Q39 2.** Please describe in detail how Outreach activities were implemented.

Upon the implementation of RFA, all of our department staff were trained on the specifics of RFA including the intent and desired outcomes.

Our caregivers are able to access respite care services through a local non profit that approves individuals to provide respite services in their home or in the caregiver's home.

All of our county materials reference RFA in detail for clarity and understanding by interested community members.

Over 10 years ago, Alameda County centralized all placement activities in the department utilizing child welfare workers that are only assigned the task of finding safer and stable placements for our children, youth and NMDs. This move has proven quite effective for our work and assures our dedicated staff are familiar with the rules and regulations concerning placements and can move expeditiously in addressing immediate and long term placement needs.

With the hiring of our Client Advocate in late 2016, caregivers benefit from "1st 30's" that provide initial placement support. 1st 30s are home visits our Client Advocate has with our caregivers during the 1st 30 days of a placement. Our Client Advocate is able to answer all questions, address concerns and support those caregivers that are working their way through the complex RFA process.

Since our involvement with the Title IV-E Waiver, the county has offered caregivers limited child care support through a stipend the department offers for market rate level funding during the initial 6 months of a placement. We have taken advantage of the Childcare Bridge Program as well. This resource is intended to provide support during the initial stages of a placement and is intended to be short term to allow a larger number of caregivers to benefit from this limited resource.

In response to RFA, the County has revitalized it's Pre-Approval Training to reflect the requirements of RFA. Embedded in the training is information around supportive services that are intended to stabilize placements.

Alameda County Foster Parent Association continues to operate in the county as a supportive service to all caregivers.

The County's Recruitment Media Campaign will not begin until March of 2019 due to the lengthy Request for Proposal (RFP) process that includes Board of Supervisor approval.

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**Q40 3.** Does {{ Q1 }} County have an ongoing sustainability plan for these activities? A sustainability plan can include efforts by {{ Q1 }} County or by other parties.

YES (please describe):

The County intends to continue to support the aforementioned activities through staffing, funding and contracting with community partners. We are hopeful to add another Client Advocate to the work in the future for additional support. We intend to refresh the Recruitment Media Campaign at least every other year to accurately reflect the data collected in our work.

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Page 16: D-2.2 Outreach

**Q41 3a.** Does {{ Q1 }} County intend to fund these activities after FPRRS funding has ceased?

**YES**



Page 17: D-2.2 Outreach

**Q42 4.** Please briefly summarize how {{ Q1 }} County met its goals.

It should be noted with the implementation of RFA, counties have struggled to meet the expectation that families licensed through the old licensing process and families approved through the old Relative Approval (RFA) process through the RFA conversion process by December 2019. Alameda County focused its efforts on converting more than 200 licensed families and 250 relatives to the RFA process, which effectively halted our ability to aggressively outreach to our community in search of caregivers. Additionally, in an effort to utilize Family Finding and Engagement as a driver in our work to stabilize placements, the County was flooded with referrals from child welfare workers to have relatives and fictive kin assessed through the RFA process. The ultimate result was a real limitation in the County's ability to bring community partners through our doors that were interested in caring for children, youth and NMDs unrelated to them. We are hopeful with the state legislature's agreement to delay the conversion of previously licensed and approved families to RFA until December 31, 2020 we will be able to usher more community partners through our doors as RFA approved caregivers.

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**Q43 5.** Please describe any advice or best practices for other counties that may wish to implement similar Outreach activities.

The County's use of a Client Advocate has proven remarkably beneficial to our work. Staff, NMDs and caregivers alike use the services of the Client Advocate regularly which has stabilized placements. From managing the unfortunate task of arranging funerals and burials of children, youth and NMDs, to assisting NMDs with applying for CalFRESH, to resolving MediCal issues, to addressing payment delays, to laboriously explaining the dependency process, to walking families through the RFA process, the Client Advocate adds a real necessary support to our work.

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**Q44 6.** Please briefly summarize how {{ Q1 }} County did not meet its goals.

It should be noted with the implementation of RFA, counties have struggled to meet the expectation that families licensed through the old licensing process and families approved through the old Relative Approval (RFA) process through the RFA conversion process by December 2019. Alameda County focused its efforts on converting more than 200 licensed families and 250 relatives to the RFA process, which effectively halted our ability to aggressively outreach to our community in search of caregivers. Additionally, in an effort to utilize Family Finding and Engagement as a driver in our work to stabilize placements, the County was flooded with referrals from child welfare workers to have relatives and fictive kin assessed through the RFA process. The ultimate result was a real limitation in the County's ability to bring community partners through our doors that were interested in caring for children, youth and NMDs unrelated to them. We are hopeful with the state legislature's agreement to delay the conversion of previously licensed and approved families to RFA until December 31, 2020 we will be able to usher more community partners through our doors as RFA approved caregivers.

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**Q45 7.** For any unmet goals, tell us the barriers and/or challenges which prevented the goal from being met. Are there any lessons learned from the attempt to meet the goal which may be disseminated to other counties facing similar circumstances?

It should be noted with the implementation of RFA, counties have struggled to meet the expectation that families licensed through the old licensing process and families approved through the old Relative Approval (RFA) process through the RFA conversion process by December 2019. Alameda County focused its efforts on converting more than 200 licensed families and 250 relatives to the RFA process, which effectively halted our ability to aggressively outreach to our community in search of caregivers. Additionally, in an effort to utilize Family Finding and Engagement as a driver in our work to stabilize placements, the County was flooded with referrals from child welfare workers to have relatives and fictive kin assessed through the RFA process. The ultimate result was a real limitation in the County's ability to bring community partners through our doors that were interested in caring for children, youth and NMDs unrelated to them. We are hopeful with the state legislature's agreement to delay the conversion of previously licensed and approved families to RFA until December 31, 2020 we will be able to usher more community partners through our doors as RFA approved caregivers.

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**Q46 8.** Please describe any noteworthy barriers to implementation, advice or best practices for other counties that may wish to implement similar Outreach activities, not already described above.

It should be noted with the implementation of RFA, counties have struggled to meet the expectation that families licensed through the old licensing process and families approved through the old Relative Approval (RFA) process through the RFA conversion process by December 2019. Alameda County focused it's efforts on converting more than 200 licensed families and 250 relatives to the RFA process, which effectively halted our ability to aggressively outreach to our community in search of caregivers. Additionally, in an effort to utilize Family Finding and Engagement as a driver in our work to stabilize placements, the County was flooded with referrals from child welfare workers to have relatives and fictive kin assessed through the RFA process. The ultimate result was a real limitation in the County's ability to bring community partners through our doors that were interested in caring for children, youth and NMDs unrelated to them. We are hopeful with the state legislature's agreement to delay the conversion of previously licensed and approved families to RFA until December 31, 2020 we will be able to usher more community partners through our doors as RFA approved caregivers.

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Page 18: D-2.3 Outreach

**Q47 1.** If these activities affected children in care, please enter the number of children affected.

500

**Q48 2.** Please briefly state how they were affected.

The impact on our children in care was our inability to focus on bringing in unrelated and unknown community partners interested in caring for the children, youth and NMDs that need placement in our county due to our focus on converting our current families through the RFA process.

**Q49 3.** If these activities affected caregivers, please enter the number of caregivers affected.

0

**Q50 4.** Please briefly state how they were affected.

We do not identify any affect on our currently licensed and approved caregivers.

**Q51** 5. Given the outcomes achieved, please describe what (if anything) {{ Q1 }} County would do differently to address its Outreach goals, or what you intend to change going forward.

It should be noted with the implementation of RFA, counties have struggled to meet the expectation that families licensed through the old licensing process and families approved through the old Relative Approval (RFA) process through the RFA conversion process by December 2019. Alameda County focused it's efforts on converting more than 200 licensed families and 250 relatives to the RFA process, which effectively halted our ability to aggressively outreach to our community in search of caregivers. Additionally, in an effort to utilize Family Finding and Engagement as a driver in our work to stabilize placements, the County was flooded with referrals from child welfare workers to have relatives and fictive kin assessed through the RFA process. The ultimate result was a real limitation in the County's ability to bring community partners through our doors that were interested in caring for children, youth and NMDs unrelated to them. We are hopeful with the state legislature's agreement to delay the conversion of previously licensed and approved families to RFA until December 31, 2020 we will be able to usher more community partners through our doors as RFA approved caregivers.

Additionally, the launch of our Recruitment Media Campaign in March of 2018 will provide our community with a clear and relevant message around our needs for caregivers, which we are hopeful will attract community partners to this very important work that are interested in providing care for the children, youth and NMDs we have in our system. Dispelling myths in the community and making a clear and passionate ask for what our foster care system needs is our clear intention.

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Page 19: D-2.4 Outreach

**Q52** 1. FPRRS - State General Fund

0

**Q53** 2. FPRRS - Federal IV-E

0

**Q54** 3. Non-FPRRS

0

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Page 20: D-2.5 Outreach

**Q55** 1. Will {{ Q1 }} County continue to address the unmet goals?

YES (Please provide additional information and/or any proposed new activities involved.):  
The launch of our Recruitment Media Campaign in March of 2018 will provide our community with a clear and relevant message around our needs for caregivers, which we are hopeful will attract community partners to this very important work that are interested in providing care for the children, youth and NMDs we have in our system. Dispelling myths in the community and making a clear and passionate ask for what our foster care system needs is our clear intention.

<b>Q56</b> 2. Does {{ Q1 }} County have any new goals related to Outreach for FY 2018-19?	YES (Please describe these new goals in detail. Please include how your existing activities will address these new goals and, if applicable, please outline any new Outreach activities that you are proposing to implement to address these goals.):  Alameda County does not have any new goals related to outreach for FY 2018-2019 as we will focus our energy on meeting goals from 2017-2018 that were unmet.
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Page 21: D-3.1 Reducing Congregate Care

**Q57** 1. Please briefly recap {{ Q1 }} County's FY 2017-18 goals for Reducing Congregate Care, as outlined in your FY 2017-18 FPRRS plan. Please note if the goals evolved over the course of the year, and any significant insights gained while pursuing these goals. If {{ Q1 }} County did not have a specific goal for Reducing Congregate Care in FY 2017-18, please briefly explain why a specific goal was not needed.

Alameda County did not include goals for Reducing Congregate Care in our FY 2017-2018 FPRRS plan. The reduction of congregate care was not in Alameda County's FFPRS Plan as it has been a long term goal of the department including our impressive accomplishment of moving young people out of congregate care into care with relatives and fictive kin at a notable rate. We currently have at any given time approximately 230 young people in congregate care out of the less than 1,000 young people in out of home care in our county. We know within that number are dependents and NMDs that require Regional Center placements due to their intellectual or physical disabilities. Within that number are also those dependents that have significant mental health needs that require a higher level of care for their safety and well being. Of the remaining number, we are committed to mining case files and engaging any adult connected to the case to move those young people in the relative and fictive kin homes whenever possible.

Page 22: D-3.2 Reducing Congregate Care

<b>Q58</b> 1. Which specific services and supports did Reducing Congregate Care activities provide? Select ALL that apply.	Caregiver Training  Child Care,  Initial Placement Support,  Recruitment & Outreach,  Respite Care,  Staff Training  Wraparound
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**Q59** 2. Please describe in detail how Reducing Congregate Care activities were implemented.

All activities related to reducing congregate care were in place in Alameda County prior to FFPRS funding.

<b>Q60</b> 3. Does {{ Q1 }} County have an ongoing sustainability plan for these activities? A sustainability plan can include efforts by {{ Q1 }} County or by other parties.	YES (please describe): All activities related to reducing congregate care were in place in Alameda County prior to FFPRS funding.
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Page 23: D-3.2 Reducing Congregate Care

<b>Q61</b> 3a. Does {{ Q1 }} County intend to fund these activities after FPRRS funding has ceased?	NO (Please describe alternate methods by which {{ Q1 }} County intends to provide the services and supports by these activities.): All activities related to reducing congregate care, with the exception of client advocate where in place in Alameda County prior to FFPRS funding.
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Page 24: D-3.2 Reducing Congregate Care

**Q62** 4. Please briefly summarize how {{ Q1 }} County met its goals.

Alameda County did not include goals for Reducing Congregate Care in our FY 2017-2018 FPRRS plan however we are clear we need to reduce our numbers in this area.

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**Q63** 5. Please describe any advice or best practices for other counties that may wish to implement similar Reducing Congregate Care activities.

The County's biggest challenge has been locating the most appropriate placements to meet the needs of our high end youth due to a scarcity of resources in this area. When we have had some success in securing an appropriate placement (which is necessary in stabilizing behaviors BEFORE stepping these unique clients down in placement) we partnered with our county behavioral health services partners. Engaging Regional Centers early and aggressively in the placement search for clients that require this level of care can't be understated. Developing a professional partnership with the expectation Regional Center will remain engaged until the placement is found is the only approach to assure the child welfare agency and Regional Center both share full responsibility in the placement search.

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**Q64 6.** Please briefly summarize how {{ Q1 }} County did not meet its goals.

Alameda County did not include goals for Reducing Congregate Care in our FY 2017-2018 FPRRS plan however we are clear we need to reduce our numbers in this area. The reduction of congregate care was not in Alameda County's FFPRS Plan as it has been a long term goal of the department including our impressive accomplishment of moving young people out of congregate care into care with relatives and fictive kin at a notable rate. We currently have at any given time approximately 230 young people in congregate care out of the less than 1,000 young people in out of home care in our county. We know within that number are dependents and NMDs that require Regional Center placements due to their intellectual or physical disabilities. Within that number are also those dependents that have significant mental health needs that require a higher level of care for their safety and well being. Our commercially sexually exploited children (CSEC) are included in that number as it's well known Oakland is a hot bed for CSEC activity in the state. Lastly, the Corrective Action Plan (CAP) the county's Assessment Center (AC) has been over for the past 4 years has limited our ability to be thoughtful in locating appropriate placements for these high end youth clients in less than 24 hours.

Of the remaining number, we are committed to mining case files and engaging any adult connected to the case to move those young people in the relative and fictive kin homes whenever possible.

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**Q65 7.** For any unmet goals, tell us the barriers and/or challenges which prevented the goal from being met. Are there any lessons learned from the attempt to meet the goal which may be disseminated to other counties facing similar circumstances?

Alameda County did not include goals for Reducing Congregate Care in our FY 2017-2018 FPRRS plan however we are clear we need to reduce our numbers in this area. The reduction of congregate care was not in Alameda County's FFPRS Plan as it has been a long term goal of the department including our impressive accomplishment of moving young people out of congregate care into care with relatives and fictive kin at a notable rate. We currently have at any given time approximately 230 young people in congregate care out of the less than 1,000 young people in out of home care in our county. We know within that number are dependents and NMDs that require Regional Center placements due to their intellectual or physical disabilities. Within that number are also those dependents that have significant mental health needs that require a higher level of care for their safety and well being. Our commercially sexually exploited children (CSEC) are included in that number as it's well known Oakland is a hot bed for CSEC activity in the state. Lastly, the Corrective Action Plan (CAP) the county's Assessment Center (AC) has been over for the past 4 years has limited our ability to be thoughtful in locating appropriate placements for these high end youth clients in less than 24 hours.

The County's biggest challenge has been locating the most appropriate placements to meet the needs of our high end youth due to a scarcity of resources in this area. When we have had some success in securing an appropriate placement (which is necessary in stabilizing behaviors BEFORE stepping these unique clients down in placement) we partnered with our county behavioral health services partners. Engaging Regional Centers early and aggressively in the placement search for clients that require this level of care can't be understated. Developing a professional partnership with the expectation Regional Center will remain engaged until the placement is found is the only approach to assure the child welfare agency and Regional Center both share full responsibility in the placement search.

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**Q66 8.** Please describe any noteworthy barriers to implementation, advice or best practices for other counties that may wish to implement similar Reducing Congregate Care activities, not already described above.

We have no additional information to add.

**Q67** 1. If these activities affected children in care, please enter the number of children affected.

100

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**Q68** 2. Please briefly state how they were affected.

We imagine those young people in care that truly require a higher level of care and we were put in the position to place them in lower levels of care because the appropriate placement was not available, were not able to benefit from specific programming and interventions intended to address their unique needs. In some instances these clients moved from placement to placement as the identified placement was not able to meet their specific and demanding needs.

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**Q69** 3. If these activities affected caregivers, please enter the number of caregivers affected.

100

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**Q70** 4. Please briefly state how they were affected.

We imagine those young people in care that truly require a higher level of care and we were put in the position to place them in lower levels of care because the appropriate placement was not available, were not able to benefit from specific programming and interventions intended to address their unique needs. In some instances these clients moved from placement to placement as the identified placement was not able to meet their specific and demanding needs. Caregivers that accepted these placements ran the risk of destabilizing the other children and youth in their homes and potentially exposed themselves to complaint investigations from Community Care Licensing (CCL).

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**Q71** 5. Given the outcomes achieved, please describe what (if anything) {{ Q1 }} County would do differently to address its Reducing Congregate Care goals, or what you intend to change going forward.

The County is in the process of being converted to a Transitional Shelter Care Facility (TSCF) through Community Care Licensing (CCL) as required by California Department of Social Services (CDSS) in response to our Corrective Action Plan (CAP). This transition will allow us 72 hours time to locate the most appropriate placement for our most high end youth, who are typically the "overstays" beyond the current 24 hour timeframe at the AC. Additional time should also give us more of an opportunity to engage relatives and fictive kin in considering opening their home to these special young people. We look to implement Children Family Team (CFTs) by the end of 2018 and look forward to a more vigorous examination of placement options for all youth, including fully assessing the need to step our young people down that have shown progress in managing their once difficult behaviors.

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Page 26: D-3.4 Reducing Congregate Care

**Q72** 1. FPRRS - State General Fund

12

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**Q73** 2. FPRRS - Federal IV-E

12

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**Q74** 3. Non-FPRRS

0

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Page 27: D-3.5 Reducing Congregate Care

**Q75** 1. Will {{ Q1 }} County continue to address the unmet goals?

YES (Please provide additional information and/or any proposed new activities involved.):  
Alameda County is committed to reducing the number of youth in congregate care. We will continue to seek least restrictive placements and are open to ideas to address the needs for high end youth, csec involved, and regional center clients. Using CFTs, Family Finding, RFA and our TSCF are all efforts to address our unmet goals. Additionally, the County recently hired 40 additional child welfare workers and a good number of our new hires assumed caseloads in our Permanent Youth Connections (PYC) section. As a result, caseloads in PYC have declined even further and should allow our child welfare workers more opportunity to work directly with caregivers and potential caregivers to reduce congregate care stays for our clients.

**Q76** 2. Does {{ Q1 }} County have any new goals related to Reducing Congregate Care for FY 2018-19?

YES (Please describe these new goals in detail. Please include how your existing activities will address these new goals and, if applicable, please outline any new Reducing Congregate Care activities that you are proposing to implement to address these goals.):  
Alameda county does not have any new goals related to reducing congregate care for FY 2018-2019. Alameda County is committed to reducing the number of youth in congregate care. We will continue to seek least restrictive placements and are open to ideas to address the needs for high end youth, CSEC involved, and regional center clients. Using CFTs, Family Finding, RFA and our TSCF are all efforts to address our unmet goals.

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Page 28: D-4.1 Stabilizing Placements/Removing Barriers



**Q77** 1. Please briefly recap {{ Q1 }} County's FY 2017-18 goals for Stabilizing Placements/Removing Barriers, as outlined in your FY 2017-18 FPRRS plan. Please note if the goals evolved over the course of the year, and any significant insights gained while pursuing these goals. If {{ Q1 }} County did not have a specific goal for Stabilizing Placements/Removing Barriers in FY 2017-18, please briefly explain why a specific goal was not needed.

According to CDSS, Quality Parenting Initiative (QPI) offers a unique opportunity to rebrand and solidify counties recruitment and retention of quality caregivers to care for children, youth and NMDs that require out of home care. QPI allows for the development of quality caregivers that are full partners on the child welfare team supporting healthy development and permanency for children, youth and NMDs in out of home care. By professionalizing the resource parent job, the provision of high quality parenting is expected and can be maintained. This includes mentoring biological parents as appropriate and maintaining a lifelong adult connection to our children, youth and NMDs no matter where they reside. While the County has not implemented QPI formally, we have put in place programming and support that reflects QPI.

Utilizing our Client Advocate proved promising in stabilizing placements during the early stages of placement, which is often when placements disrupt.

Page 29: D-4.2 Stabilizing Placements/Removing Barriers

<b>Q78</b> 1. Which specific services and supports did Stabilizing Placements/Removing Barriers activities provide? Select ALL that apply.	<b>Initial Placement Support,</b> <b>Marketing,</b> <b>Models for Engagement,</b> <b>Placement Support Staff,</b> <b>Staff</b> , <b>Training</b> <b>Wraparound</b>
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**Q79** 2. Please describe in detail how Stabilizing Placements/Removing Barriers activities were implemented.

The County has implemented Safety Organized Practice (SOP), which has received positive feedback from a fully trained staff to date. Recommitting staff to following policies and procedures specific to Team Decision Making (TDM) happened this year in preparation for implementation of CFTs. Utilizing "Stop By Hours" with our Client Advocate provided caregivers, dependents and NMDs an opportunity to sit with our Client Advocate for support around troubleshooting challenges they experiencing with their placements and cases.

Specific details around initial placement support, marketing and placement support staff were included in previous responses in this report.

<b>Q80</b> 3. Does {{ Q1 }} County have an ongoing sustainability plan for these activities? A sustainability plan can include efforts by {{ Q1 }} County or by other parties.	YES (please describe): The County intends to use 2011 realignment funds to sustain our plan for these activities.
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Page 30: D-4.2 Stabilizing Placements/Removing Barriers

**Q81 3a.** Does {{ Q1 }} County intend to fund these activities after FPRRS funding has ceased? **YES**

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Page 31: D-4.2 Stabilizing Placements/Removing Barriers

**Q82 4.** Please briefly summarize how {{ Q1 }} County met its goals.

The County did not meet it's goals in this area and continues to make efforts to reach the established goal.

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**Q83 5.** Please describe any advice or best practices for other counties that may wish to implement similar Stabilizing Placements/Removing Barriers activities.

We have found having a Client Advocate beneficial to our system. We also contract with a clinical organization to provide clinical support and therapeutic support to every client that comes to the AC. Initial crisis mental health is provided as needed upon arrival and additional temporary individual therapeutic support in placement is provided to clients that are not connected to a clinician.

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**Q84 6.** Please briefly summarize how {{ Q1 }} County did not meet its goals.

Please see responses in previous questions around the challenges with meeting this goal which includes lack of appropriate therapeutic placements for high end youth and CSEC involved youth, lack of Regional Center placements for eligible clients and restrictions on timeframe to locate placements due to the AC CAP.

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**Q85 7.** For any unmet goals, tell us the barriers and/or challenges which prevented the goal from being met. Are there any lessons learned from the attempt to meet the goal which may be disseminated to other counties facing similar circumstances?

Please see responses in previous questions around the challenges with meeting this goal which includes lack of appropriate therapeutic placements for high end youth and CSEC involved youth, lack of Regional Center placements for eligible clients and restrictions on timeframe to locate placements due to the AC CAP.

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**Q86 8.** Please describe any noteworthy barriers to implementation, advice or best practices for other counties that may wish to implement similar Stabilizing Placements/Removing Barriers activities, not already described above.

Please see responses in previous questions around the challenges with meeting this goal which includes lack of appropriate therapeutic placements for high end youth and CSEC involved youth, lack of Regional Center placements for eligible clients and restrictions on timeframe to locate placements due to the AC CAP. Additionally, please see responses describing end to engage county behavioral health partners and Regional Center partners early and continually during the placement process.

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Page 32: D-4.3 Stabilizing Placements/Removing Barriers

**Q87 1.** If these activities affected children in care, please enter the number of children affected.

**Q88** 2. Please briefly state how they were affected.

When counties are able to make thoughtful placements from a resource rich bank of appropriate caregivers, our children in care benefit. Working against tight timeframes and revisiting a limited number of placement options is not ideal and certainly impacts our children greatly. We see the impacted children experiencing placement destabilization as the found caregivers do not have the expertise and resources to provide for their unique needs. However, when we are able to locate relative or fictive kin and provide them with the supports to focus on the clients we place in their home, we see some success. Minimizing the number of children in the home is powerful and grants the caregiver time to pay close attention to the unique needs of our clients. When we are able to stabilize placements, caregiver confidence grows and they are able to focus less of the day to day challenges and more on the long term goals of a healthy placement and lifelong connection for the client.

**Q89** 3. If these activities affected caregivers, please enter the number of caregivers affected.

100

**Q90** 4. Please briefly state how they were affected.

Caregivers feel supported throughout the process and not pressured into taking a placement when we are thoughtful in placement decisions. Caregiver confidence grows and we can shift our focus towards permanence and lifelong adult connections for our clients.

**Q91** 5. Given the outcomes achieved, please describe what (if anything) {{ Q1 }} County would do differently to address its Stabilizing Placements/Removing Barriers goals, or what you intend to change going forward.

The County intends to focus on staff using CFTs as intended and connecting families to therapeutic interventions in anticipation of challenges down the road.

Page 33: D-4.4 Stabilizing Placements/Removing Barriers

**Q92** 1. FPRRS - State General Fund

0

**Q93** 2. FPRRS - Federal IV-E

0

**Q94** 3. Non-FPRRS

0

Page 34: D-4.5 Stabilizing Placements/Removing Barriers

<b>Q95</b> 1. Will {{ Q1 }} County continue to address the unmet goals?	YES (Please provide additional information and/or any proposed new activities involved.): Alameda county will continue to see ways to address placement stability
<b>Q96</b> 2. Does {{ Q1 }} County have any new goals related to Stabilizing Placements/Removing Barriers for FY 2018-19?	<b>NO</b>

Page 35: D-5.1 Supporting Caregivers

**Q97** 1. Please briefly recap {{ Q1 }} County's FY 2017-18 goals for Supporting Caregivers, as outlined in your FY 2017-18 FPRRS plan. Please note if the goals evolved over the course of the year, and any significant insights gained while pursuing these goals. If {{ Q1 }} County did not have a specific goal for Supporting Caregivers in FY 2017-18, please briefly explain why a specific goal was not needed.

Alameda finds meaning with the Mockingbird Family Model that "Takes good care of those who take good care of our children and youth." We intended to seek and identify and train highly qualified county resource parents to serve as Hub Homes to provide support to county resource parents in an effort to stabilize placement. Due to the demands presented by the full implementation of RFA, we were not able to address this particular goal. Our energies were focused on getting into compliance with RFA, including converting hundreds of licensed and approved caregivers to the RFA process by the previously established December 2019 timeframe.

Page 36: D-5.2 Supporting Caregivers

<b>Q98</b> 1. Which specific services and supports did Supporting Caregivers activities provide? Select ALL that apply.	<b>Caregiver Support,</b> <b>Caregiver</b> , <b>Training</b> <b>Child Care,</b> <b>Family Finding Support &amp;</b> , <b>Staff</b> <b>Initial Placement Support,</b> <b>Mental Health Services</b> , <b>Coordination</b> <b>Placement Support Staff</b>
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**Q99** 2. Please describe in detail how Supporting Caregivers activities were implemented.

Please see previous responses that offer this feedback.

**Q100** 3. Does {{ Q1 }} County have an ongoing sustainability plan for these activities? A sustainability plan can include efforts by {{ Q1 }} County or by other parties.

YES (please describe):  
We will continue to use allocated funding to support these efforts and maintain current staffing levels to support the work, at minimum.

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Page 37: D-5.2 Supporting Caregivers

**Q101** 3a. Does {{ Q1 }} County intend to fund these activities after FPRRS funding has ceased?

**YES**

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Page 38: D-5.2 Supporting Caregivers

**Q102** 4. Please briefly summarize how {{ Q1 }} County met its goals.

Overall, we met our goal of supporting the caregivers we have in the department for FY 2017-2018. Utilizing the Client Advocate, implementing RFA and messaging the importance of this support throughout the department helped us with this goal.

**Q103** 5. Please describe any advice or best practices for other counties that may wish to implement similar Supporting Caregivers activities.

We have nothing additional to add.

**Q104** 6. Please briefly summarize how {{ Q1 }} County did not meet its goals.

We did not implement the use of Hub Homes through the Mockingbird Model due to our focus on implementing RFA and converting licensed and approved homes to RFA according to the Written Directives mandate.

**Q105** 7. For any unmet goals, tell us the barriers and/or challenges which prevented the goal from being met. Are there any lessons learned from the attempt to meet the goal which may be disseminated to other counties facing similar circumstances?

Please see previous responses for the detailed answer to this question.

**Q106** 8. Please describe any noteworthy barriers to implementation, advice or best practices for other counties that may wish to implement similar Supporting Caregivers activities, not already described above.

We haven nothing additional to add.

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Page 39: D-5.3 Supporting Caregivers

**Q107** 1. If these activities affected children in care, please enter the number of children affected.

1000

**Q108** 2. Please briefly state how they were affected.

Please see previous detailed responses to this question.

**Q109** 3. If these activities affected caregivers, please enter the number of caregivers affected.

500

**Q110** 4. Please briefly state how they were affected.

Please see previous detailed responses to this question.

**Q111** 5. Given the outcomes achieved, please describe what (if anything) {{ Q1 }} County would do differently to address its Supporting Caregivers goals, or what you intend to change going forward.

Please see previous detailed responses to this question.

Page 40: D-5.4 Supporting Caregivers

**Q112** 1. FPRRS - State General Fund

12

**Q113** 2. FPRRS - Federal IV-E

12

**Q114** 3. Non-FPRRS

12

Page 41: D-5.5 Supporting Caregivers

**Q115** 1. Will {{ Q1 }} County continue to address the unmet goals?

YES (Please provide additional information and/or any proposed new activities involved.):  
Please see previous detailed responses to this question.

**Q116** 2. Does {{ Q1 }} County have any new goals related to Supporting Caregivers for FY 2018-19?

NO

Page 42: E. Comments

**Q117** Please use the box below for any comments, questions, or concerns about the survey or the use of Survey Monkey.

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**Respondent skipped this question**